

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lol	bbyist(s) Steve Ahr	ien, Paula Minnehar	, Kathleen Bizarro-Thunt	perg, Travis Boucher
II. Name of lol	bbyist's partnership	, firm or corporation	, if any:	
New Hampsl	hire Hospital Assoc	iation		
	(Name of partnershi	p, firm or corporation)		
125 Airport F	Road	Concord	NH	03301
Business Addres	s: (Street)	(Town/Ci	ty) (State	e) (Zip Code)
(603) 225	-0900	(603) 225-434	i6 _{e-mail} pn	ninnehan@nhha.org
(Telep	phone)		(Fax)	
reportable exp	ense transactions w	hich are not attribut	or to the reporting date relat	Ryou may file a separate report for tive to the following client:
OD.	(Full Name o	f Client as it appears on t	he Lobbyist Registration Form	n)
OR	.1. 4	1-1-62	111 10 6 95 4	111 ' " 1' 4' 4' 4' 4' 4' 4' 4' 4' 4' 4' 4' 4' 4'
•	ole transactions by the y particular client.	lobbyist (including th	e lobbyist's family), or the	lobbying firm listed below which are
IV. Date of Re Reports cover:		017 [] Tregistration to 3/31/17	July 26, 2017 activity from 4/1/17 to	o 6/30/17
	October 25 activity from 7/	, 2017 🗌 /1/17 to 9/30/17	January 31, 2 activity from 10/1/17	
	ecked, complete just i		table transactions made to the Secretary of State's	esince the last report. Office, State House, Room 204,
VI. Check if a	dditional reports are	e attached:		
			nust file Addendum A- Fee	es and Expenses
☐ If you have Expense Reimb	e paid an honorarium oursement	or reimbursed expense	es, you must file Addendun	m B- Report of Honorariums or
▼ If you, you	ır firm, or your family	has made political co	ntributions, you must file A	Addendum C- Political Contribution
I have read RS, and complete to (Signature of least Paula Minnet	o the best of my know obbyist)	A 14-C and RSA 664	and hereby swear or affirm t	that the foregoing information is true 33/18 (Date) RECEIVED
(Print Name of	f lobbyist)			

FEB 27 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Steve Ahnen, Paula Minnehan, Kathleen Bizar	ro-Thunberg, Travis Boucher
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	•
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	at relations, or public relations service ross fee amount reported shall not b
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; so that \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$16,023
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ _84,053
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
•	,
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Signature of lobbyist)	2/23/18 (Date)
Paula Minnehan	(Date)
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

(Name of par	Association thership, firm or corporation)			
III. Name of Client		Date		
Political Contributions	tion that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the	
Full name of candidate: _	Woodburn for State			
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	50.00	Office Candidate i	s Seeking Senate	
		(First Name)	(Middle Name/Initial)	
Full name of candidate: _	(Last Name)	(First Name)		
Full name of candidate: _ Amount of contribution \$ If the contribution is an in-ki actual cost of the in-kind con	(Last Name) nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-ki	(Last Name) nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking Is or services provided, and enter the	

		- 488-14 ₁ , , , , , , , , , , , , , , , , , , ,	
(If more than th	ree contributions were made, rep	port additional contributions on	separate addendum C forms.)
Sworn State	ment/Affirmation by Lol	bbyist	
	SA 15, RSA 15-B and RS omplete to the best of my k		or affirm that the foregoing information
Paul	March flobbyist)	<u></u>	2/23/18

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of	Client (leave bl	ank if Statement is fo	ration: New Hampshire F	dospital Association corporation and not related to any
Date of I	Report (check o	ne):		
April 26	5, 2017 🗆	July 26, 2017 🛚	October 25, 2017 🗆	January 31, 2018 🗸
	wing Addendun			d Expenses described above, and amber of Addendum forms being
<u> </u>	Addendum A(s).			
	Addendum B(s).			
<u> </u>	Addendum C(s).			
complete	to the best of n	that the foregoing into the syknowledge and beli		at and each Addendum is true and
(Print Na	ame of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 July 26, 2017 October 25, 2017 January 31, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Signature of lobbyist) 2/33/18 (Date)
Paula Minnehan
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	Affirmation by Lobby te and Expenses for:		
Name of Lobbying par	rtnership, firm, or corpo	oration: New Hampshire	Hospital Association
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018
			nd Expenses described above, and umber of Addendum forms being
Addendum A	s).		
Addendum B(s).		
Addendum C(s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and
Signature of lobbyist	Bater-The	usley _	$\frac{23/8}{\text{(Date)}}$
Kathleen Bizarro-Thu	unberg		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpor	ration: New Hampshire I	Hospital Association
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017 □	January 31, 2018 🗸
	ns submitted with tha		d Expenses described above, and umber of Addendum forms being
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of notice (Signature of lobbyist)			at and each Addendum is true and
Travis Boucher			
(Print Name of Johnvist)			